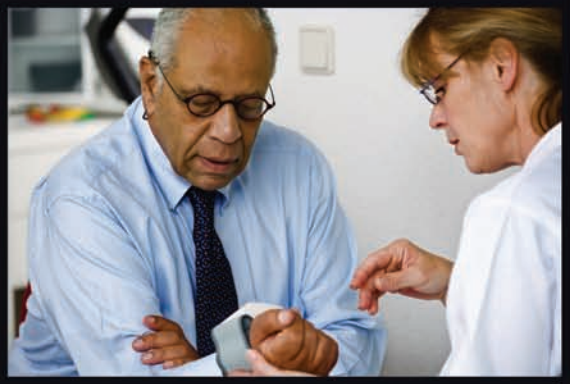
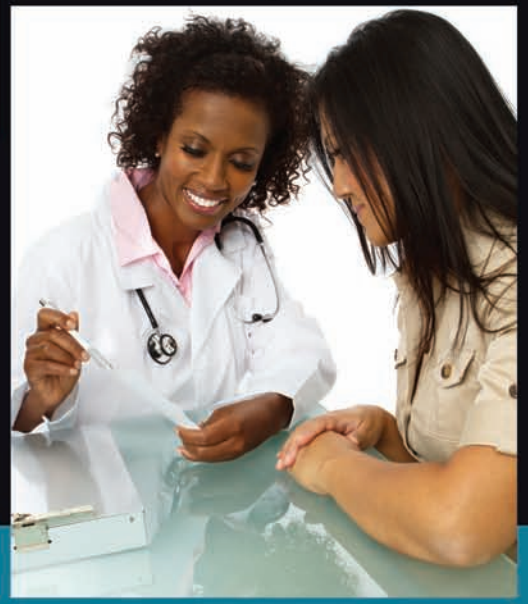
D.C. MEDICAID FEE-FOR-SERVICE MEMBER HANDBOOK





DHCF
The Department of Health Care Finance
INVESTING IN YOUR HEALTH

District of Columbia
DEPARTMENT OF HEALTH CARE FINANCE

Wayne Turnage, M.P.A.
Director

Dear DC Medicaid Member,

Welcome to the District of Columbia Medicaid program!

The mission of the Department of Health Care Finance is to help you be as healthy as possible by giving you access to comprehensive, high-quality health care.

In the District of Columbia, the health of our residents is a top priority. Through several different programs, the DC Government provides health insurance to one out of three District residents. The largest of these programs is the Medicaid program. The District of Columbia offers the Medicaid program in partnership with the federal government.

Inside this handbook you will find answers to four important questions:

- What is Medicaid?
- What health care services can people get from Medicaid?
- How can people get health care services under Medicaid?
- What should you do if you have a problem accessing services under Medicaid?

We encourage you to take advantage of all that Medicaid has to offer. Your health is our top priority!

Sincerely,

Wayne Turnage
Director, Department of Health Care Finance

IMPORTANT PHONE NUMBERS

If you need…		… Call:
Emergency help	Emergency services	911
To find a doctor	Health Care Operations Administration	(202) 698-2000 or www.dc-medicaid.com
A yearly check-up or you feel sick	Your Primary Care Provider	*Fill this in yourself*
Help getting a service	Office of Health Care Ombudsman and Bill of Rights	1-877-685-6391
Long-term care services	DC Long-Term Care Ombudsman Program	(202) 434-2190
Urgent mental health care	Department of Mental Health Access HelpLine	1-888-793-4357
Alcohol or substance abuse treatment services	APRA (Addiction Prevention Recovery Administration)	(202) 727-8473
A dental appointment	Dental Hotline	1-866-758-6807
Non-emergency transportation	Transportation	1-866-796-0601 or (202) 263-4640
To report health care fraud	Medicaid Fraud Hotline	1-877-632-2873
To report changes in address, income, health insurance, pregnancies, etc.	Economic Security Admin.(ESA) Change Center *formerly IMA*	(202) 724-5506

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MEDICAID HEALTH CARE SERVICES (continued)

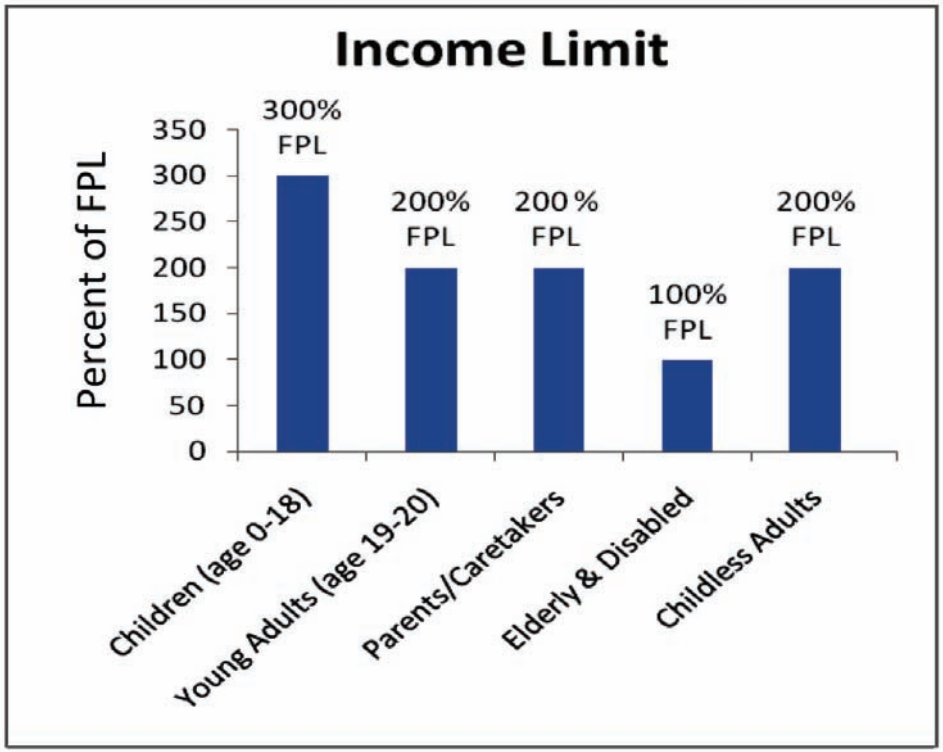
WHAT TO EXPECT FROM DC MEDICAID

The District of Columbia (DC) Government helps pay for health insurance for 1 out of every 3 District residents through several health care programs. The Medicaid program is the program that serves most of these people.

WHAT IS MEDICAID?

As you can see in the Income Limit chart below, Medicaid offers health insurance to individuals who have income below or at the Federal Poverty Level (FPL), including:

- Children
- Parents and caretakers
- Age 65 or older, or
- Persons with disabilities



HOW MUCH MONEY CAN I MAKE AND STILL GET HEALTH CARE?

Financial eligibility limits for the Medicaid program change every year based on standards set by the federal government. In the chart below and in this handbook, the income limits are accurate for 2012. You can find the most recent numbers on the Internet at: http://aspe.hhs.gov/poverty or through the Economic Security Administration (formerly the Income Maintenance Administration) at **(202) 727-5355**.

Not all income is counted towards the limit, and if you aren't sure if you qualify for Medicaid, you should always apply for the program. If you think you or someone you know may be eligible for the Medicaid program, please contact the Economic Security Administration (ESA) at **(202) 698-3900** and a customer service representative will help you to find where to apply for Medicaid or help you to obtain a mail-in application. The locations of all ESA Service Centers are in Appendix D of this handbook.

2012 FEDERAL POVERTY LEVELS BY FAMILY SIZE

2012 Federal Poverty Levels by Family Size

Family Size	100% FPL		200% FPL		300% FPL	
	Yearly	*Monthly*	*Yearly*	*Monthly*	*Yearly*	*Monthly*
1	$11,170	$930	$22,340	$1861	$33,510	$2,792
2	$15,130	$1,260	$30,260	$2.521	$45,390	$3,782
3	$19,090	$1,590	$38,180	$3,181	$57,270	$4,772
4	$23,050	$1,920	$46,100	$3,841	$69,150	$5,762
5	$27,019	$2,250	$54,020	$4,501	$81,057	$6,754

In addition to ensuring applicants meet the income qualification, Medicaid requires that participants live in the District of Columbia and that they are a US citizen or a "qualified alien."

WHAT DOES "FEE-FOR-SERVICE" MEAN? WHAT DOES "MANAGED CARE" MEAN?

People enrolled in DC Medicaid generally receive services in one of two ways:

1. **Fee-for-Service:** In Fee-for-Service Medicaid, you can go directly to any provider who accepts Medicaid. Some services will require a "prior authorization." Services that require prior authorization are listed in Appendix E.

2. **Managed Care:** In Medicaid Managed Care, you will have to pick a health plan through which you will receive services. You will then choose or be assigned a primary care doctor and may need referrals to see specialists. Managed care can also provide some extra help that isn't available in Fee-for-Service Medicaid, such as help in coordinating your care or in getting services when you have special health problems. If you have questions, you can call the health plan directly for help coordinate care.

There are currently two health plans to choose from.

- Chartered Health Plan
- United Healthcare Community Plan

A third health plan is available for some children and young adults with disabilities. (See page 28 on HSCSN)

If you are a person who D.C. Medicaid has assigned to managed care, a few days after you are approved for Medicaid, you will receive a letter from "DC Healthy Families" that will explain how to select a health plan. You will need to select a health plan within 30 days or you will be assigned to one.

Until you select a health plan, you will be in Fee-for-Service Medicaid and can access services as outlined in this handbook. After you select a plan, you should use the information from your health plan to access services.

WHAT KIND OF MEDICAID DO I HAVE?

This handbook is for people who are enrolled in Fee-for-Service Medicaid — including people who are approved for Medicaid and have not yet selected a health plan.

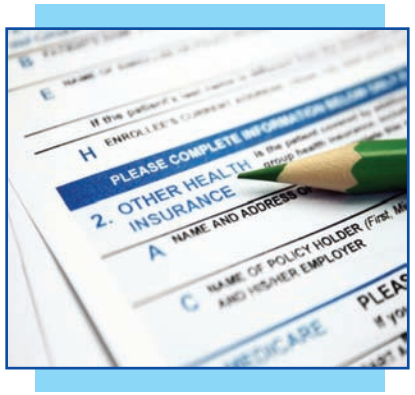
If you are not sure if you are in Fee-for-Service Medicaid or Managed Care, simply call the Office of the Health Care Ombudsman and Bill of Rights at **1-877-685-6391** and they will let you know. Generally, people are in Fee-for-Service Medicaid if they are:

- Receiving Supplemental Security Income (SSI)
- On Medicare
- 65 years old or older
- In foster care with the Child and Family Services Agency (CFSA)
- Persons with disabilities

In addition to receiving general Medicaid services, some people are in one of the "waiver" programs that provide Home and Community Based long term care services. These waiver programs are called:

- Elderly and Persons with Physical Disabilities (EPD) Waiver Program
- Intellectual and Developmental Disabilities (IDD) Waiver Program

See pages 21-24 for additional information on these programs and their services.



KEEPING YOUR MEDICAID BENEFITS

To maintain your Medicaid coverage, you must recertify for the program each year. The Economic Security Administration (ESA), formerly the Income Maintenance Administration (IMA), is the District agency responsible for processing eligibility for Medicaid. ESA will send a recertification form to your address 90 days before your certification period ends. Once you receive the form, fill it in completely and mail it back to ESA. You may be asked to provide proof of your income with the form and you can include a copy of your paycheck.

If there are any changes to report on the recertification form (income, address, etc.), be sure to include proof of those changes with the recertification form. You may return the recertification form and verifications by mail or bring them in to one of the ESA service centers, which are listed in Appendix D.

IMPORTANT! If you receive other public benefits from the District (food stamps, TANF, etc.), you can recertify for Medicaid at the same time you are recertifying for the other programs. Make sure you recertify before your current certification period ends so that you don't stop getting Medicaid.

Certain beneficiaries do not need to recertify annually. These are:

- SSI beneficiaries
- Children in the care and custody of the Child and Family Services Agency (CFSA)

WHAT IF MY SITUATION CHANGES? (MOVING, INCOME CHANGES, BECOME PREGNANT, ETC.)

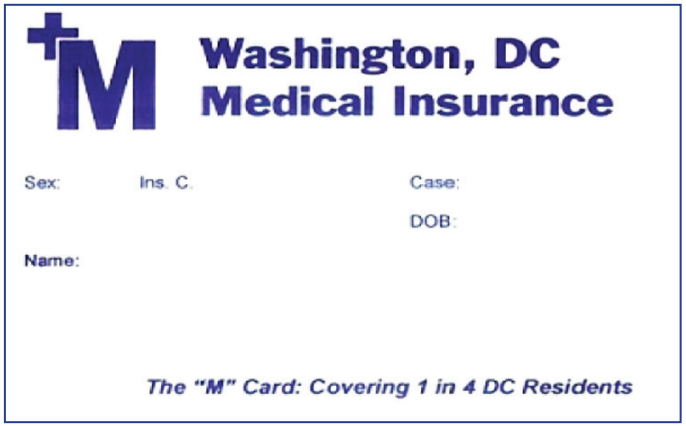
It's important to provide up-to-date information about your address, family status, income, and other health insurance, even if it doesn't change your eligibility for Medicaid services. If you move, DC Medicaid needs to know so that we can make sure you receive information about our program on time.

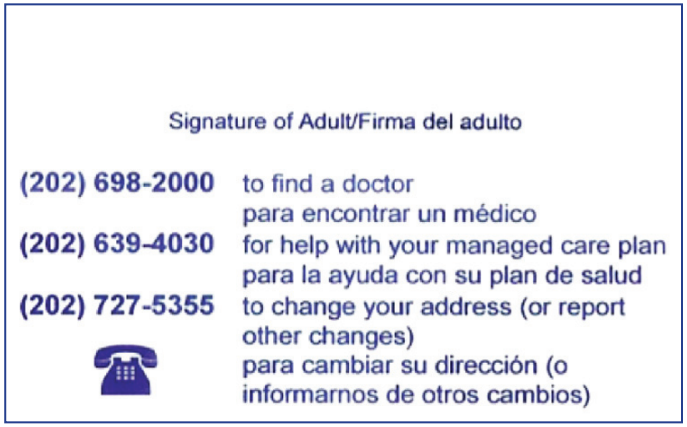
If you have any changes to report, please call the ESA Change Center at **(202) 724-5506**.

YOUR MEMBER IDENTIFICATION CARD

Your member identification card for DC Medicaid will look like the card printed here. When you get it, make sure that your name is spelled correctly and your date of birth is accurate. You should receive it in the mail a few days after your application is approved by ESA. If you don't get it, call the ESA Change Center at **(202) 724-5506** to ask them to send another one and make sure that ESA has your correct mailing address on file.

DC Medicaid Member Identification Card



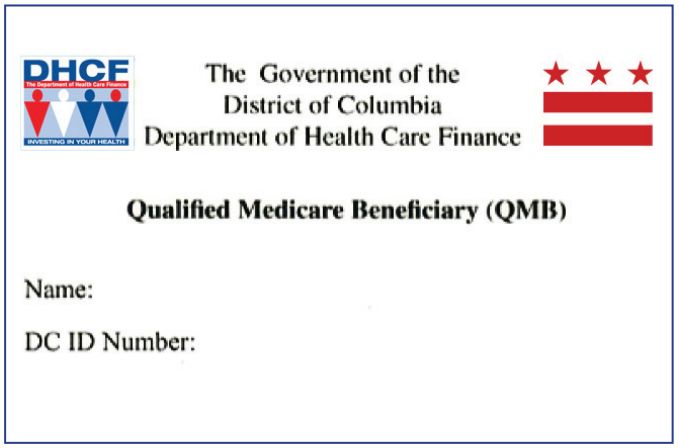


YOUR MEMBER IDENTIFICATION CARD

Always bring your Medicaid Member ID card and the card for any other insurance coverage you may have when you go for your doctor's appointment. Your card is your card. So, never allow others to use it to get services because this is health care fraud, which has severe penalties including possible jail time. See page 38.

If you receive a card like the one below, this is not a Medicaid card. It is for a program for Qualified Medicare Beneficiaries (QMBs) to help them to pay for Medicare premiums, deductibles, co-pays, and co-insurance for Medicare-covered services. See Appendix A for more information for QMBs.

QMB Identification Card



With this card, you are entitled to have Department of Health Care Finance pay for your MEDICARE Part A and B premiums, deductibles, and co-insurance for all Medicare-covered services.

Show this card to your health care provider whenever you show your Medicare card.

It is against the law for this card to be used by or for anyone except the person whose name is printed on the front of the card.

Should you have any questions regarding the QMB benefit including pharmacy, please call GW Counseling Center on (202) 739-0668, the Health Care Ombudsman on 1-877-685-6391 or MEDICARE on 1-800-633-4227. Providers please call (202) 698-2000 for any questions you may have regarding billing or eligibility.

WHAT IF I LOSE MY MEMBER IDENTIFICATION CARD?

If you lose your Member ID card, call the ESA Change Center at **(202) 724-5506** to request a new one.
If you lose your QMB Card, call the Office of the Health Care Ombudsman and Bill of Rights at **1-877-685-6391**.

YOUR RIGHTS AND RESPONSIBILITIES

Whenever you receive Medicaid services, you have a right to:

- Be treated with respect and dignity
- Have private and confidential talks with your doctors and other providers
- Have an illness or treatment explained to you in a language you can understand
- Receive free interpretation and translation services if you don't speak English very well
- Receive or refuse oral interpretation services
- Participate in decisions about your care
- Receive a full, clear, and understandable explanation of treatment options and risks of each option so you can make an informed decision, regardless of cost or benefit coverage
- Direct access to a women's health specialist for women's routine and preventive health care services covered by Medicaid (Female enrollees only)
- Refuse treatment or care
- Be free of physical and chemical restraints, except for emergency situations
- Be able to see your medical records and to request that they be corrected if they are inaccurate.
- Choose a primary care provider who participates in DC Medicaid
- Request a Fair Hearing if you believe Medicaid was wrong in denying, reducing or stopping a service or item
- Seek counsel for a fair hearing
- Receive Family Planning Services and supplies from the provider of your choice
- Obtain medical care without unnecessary delay
- Develop an advance directive to choose not to have or continue any life-sustaining treatment
- Receive a copy of this Member Handbook
- Get an explanation of prior authorization procedures
- Receive Medicaid's "Dispense as Written" policy for prescription drugs

YOUR RIGHTS AND RESPONSIBILITIES

- Receive information about Medicaid, our services, our providers and other health care workers, our facilities, and your rights and responsibilities as a member.
- Make recommendations about DHCF's member rights and responsibilities policy.

YOU ARE RESPONSIBLE FOR:

- Treating people providing your health care with respect and dignity
- Following the rules of the DC Medicaid Program
- Following instructions you receive from your doctors and other medical providers
- Keeping scheduled appointments and arriving at the appointment on time
- Telling your doctor at least 24 hours before the appointment if you have to cancel
- Asking for more explanation if you do not understand your doctor's instructions
- Going to the Emergency Room only if you have a medical emergency
- Telling your primary care provider (PCP) and other doctors about medical and personal problems that may affect your health and health care
- Trying to understand your health problems and participating in developing treatment goals
- Helping your doctor to get medical records from providers who have treated you in the past
- Telling Medicaid if you were injured as the result of an accident or at work
- Reporting other health insurance you may have to the Economic Security Administration (ESA) — formerly the Income Maintenance Administration (IMA). It is okay to have other health insurance with Medicaid, but it's important to let ESA know you have it
- Telling ESA if you move or your income changes

OFFICE OF THE HEALTH CARE OMBUDSMAN AND BILL OF RIGHTS

An "Ombudsman" is a person who looks into problems, makes recommendations for solutions, and helps to solve the problem.

The District of Columbia's Office of the Health Care Ombudsman and Bill of Rights is here to:

- Tell you about and help you to understand your health care rights and responsibilities
- Help you to solve problems with health care coverage, access to health care, and issues regarding health care bills
- Advocate for you until your health care needs are addressed and fixed
- Guide you towards the appropriate private and government agencies when needed
- Help you in appeals processes
- Track health care problems and report patterns in order to help fix what is causing the problems

The Office of the Health Care Ombudsman and Bill of Rights is an important source of help for any Medicaid beneficiary. In fact, it can help any DC resident with health insurance issues, including people with Medicare, private health insurance, or other health insurance. Its friendly and knowledgeable staff want to help you get the health care you need.

The phone number of Office of the Health Care Ombudsman and Bill of Rights is **1-877-685-6391.**

WHAT IF I ALSO HAVE MEDICARE?

If you have both Medicare and Medicaid, you will have all of the benefits of both programs. You should not have to pay anything to see a doctor, but will have to pay a small amount ($1-3) to get your prescription drugs.

You should get your prescriptions through Medicare by signing up for a Medicare Part D Drug Plan. There are some drugs that Medicare will not cover, but Medicaid may pay for them. Contact the George Washington Health Insurance Counseling Project for help with selecting a Part D plan at **(202) 994-6272**.

When you go to see a doctor, always show them BOTH your Medicaid and your Medicare identification cards.

WHO CAN GET MEDICARE?

In general, people who are eligible for Medicare are:

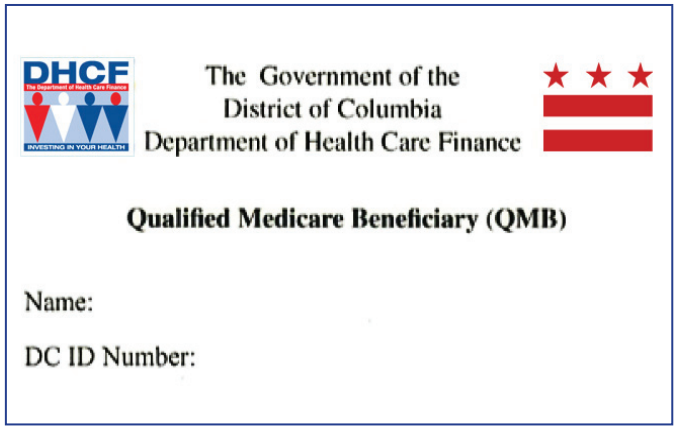
- Age 65 or older, or
- Persons with disabilities and received Social Security Disability Income (SSDI) for more than 24 months, or
- Diagnosed with End Stage Renal Disease (ESRD)

If you think you might be eligible, contact the George Washington Health Insurance Counseling Project for assistance with applying for Medicare at **(202) 994-6272**.

QUALIFIED MEDICARE BENEFICIARIES (QMBs)

Some people are enrolled in Medicare, but Medicaid helps pay for the costs. This means that you have Medicare, but Medicaid will pay for your Medicare premiums, co-payments, and deductibles. These are usually people who have income too high for Medicaid, but need some extra help paying the bills. The annual income limit for a single person household in 2012 is $32,940. See Appendix A for information about this program. If you think you or someone you know might be eligible, contact ESA to apply at **(202) 698-3900**.

If you are in the QMB program, you will receive a card that looks like the one below. See Appendix A for additional information about your benefits.



DHCF

The Government of the
District of Columbia
Department of Health Care Finance

Qualified Medicare Beneficiary (QMB)

Name:

DC ID Number:

With this card, you are entitled to have Department of Health Care Finance pay for your MEDICARE Part A and B premiums, deductibles, and co-insurance for all Medicare-covered services.

Show this card to your health care provider whenever you show your Medicare card.

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Should you have any questions regarding the QMB benefit including pharmacy, please call GW Counseling Center on (202) 739-0668, the Health Care Ombudsman on 1-877-685-6391 or MEDICARE on 1-800-633-4227. Providers please call (202) 698-2000 for any questions you may have regarding billing or eligibility.

If you lose your QMB Card, call the Office of the Health Care Ombudsman and Bill of Rights at 1-877-685-6391.

MEDICAID HEALTH CARE SERVICES

SERVICES MEDICAID PAYS FOR:

DC Medicaid pays for the following services but only if they are medically necessary. You must be eligible for Medicaid to receive these services. Some services are only available to specific people covered by Medicaid, such as the elderly, people with disabilities, or children in foster care.

- Inpatient hospital
- Outpatient hospital
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services
- Nursing facility
- Home Health
- Physician services
- Health Clinic services
- Labs and X-rays
- Family planning
- Nurse Midwife services
- Emergency and non-emergency transportation to medical care
- Long-term care services
- Inpatient psychiatric
- Dental and Dentures
- Prescribed drugs
- Durable medical equipment
- Medical supplies
- Optometry/Eye glasses
- Psychiatric Residential Treatment Facilities
- Intermediate Care Facilities for people with Intellectual / Developmental Disabilities
- Personal Care
- Home and Community Based Services
- Case Management
- Transplants (heart, kidney, liver, and allogeneic bone marrow)
- Hospice

SERVICES MEDICAID DOES NOT PAY FOR

DC MEDICAID DOES NOT PAY FOR:

- Cosmetic surgery
- Experimental or investigational services, surgeries, treatments, and medications
- Infertility treatment
- Sterilizations for persons under the age of 21
- Services that are not medically necessary
- Transplants (some types)

COSTS FOR SERVICES

DC Medicaid does not charge a fee for covered health care services, except for co-payments for prescription drugs and eyeglasses. Please see our Pharmacy section on page 25.

HOW TO BEST USE YOUR HEALTH INSURANCE

Medicaid covers a wide range of services to keep you healthy—from preventive tests and diagnostic procedures like mammograms and blood pressure or cholesterol screenings to vaccine boosters, smoking cessation counseling, and regular dental check-ups.

PRIMARY CARE SERVICES – ESTABLISH A RELATIONSHIP WITH YOUR DOCTOR

You are encouraged to visit your primary care provider (PCP) regularly (at least once per year), even if you are not sick. Your primary care provider can help you monitor your health, answer questions, and manage ongoing health conditions such as asthma or diabetes.

All of these wellness services are provided to you free of charge through Medicaid; so, take advantage of them to improve your health and stay healthy!

HEALTHCHECK SERVICES FOR CHILDREN (EPSDT)

As children grow and develop, Medicaid can help them to grow up healthy. The Medicaid benefit for children is called Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services — basically anything a child needs that is covered under federal Medicaid law to prevent illness and to help identify and treat any problems as early as possible.

Children should visit their primary care provider or pediatrician for HealthCheck exams, vaccines, and screenings as recommended by the HealthCheck/EPSDT periodicity schedule (see next page). Go to http://dchealthcheck.net/resources/healthcheck/periodicity.html.

Children should also get regular dental check-ups — every 6 months from the time the first tooth erupts — to ensure that teeth develop as they should and to prevent infections in the mouth that can affect a child's overall health.

District of Columbia HealthCheck Periodicity Schedule

The DC HealthCheck Periodicity Schedule follows the American Academy of Pediatrics (AAP) health recommendations in consultation with the local medical community. The recommendations are for the care of children who have no manifestation of any important health problems. Additional visits or interperiodic screens may become necessary if circumstances suggest the need for more screens, i.e., medical conditions, referral by parent, Head Start, DC Public Schools, Early Intervention Programs. If a child comes under care for the first time at any point on the schedule, or if any items are not done at the suggested age, the schedule should then be brought up to date as soon as possible.

	INFANCY[4]									EARLY CHILDHOOD[4]			MIDDLE CHILDHOOD[4]						ADOLESCENCE[4]										
Age[5]	Prenatal[1]	Newborn[2]	2-4d[3]	by 1m	2m	4m	6m	9m	12mo	15mo	18mo	24mo	3y	4y	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y†
HISTORY																													
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																													
Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																	
Blood Pressure													•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																													
Vision		S	S	S	S	S	S	S	S	S	S	S	O[6]	S	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S
Hearing		O[7]	S	S	S	S	O	S	S	S	S	S	S	S	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT[8]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Physical Examination[9]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Procedures-General[10]																													
Hereditary/Metabolic Screening[11]		◄	•	►																									
Immunization[12]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin[13, 14]								►		*	*	*	*	*	*	*	*	*	◄		•[14]								►
Urinalysis[15]													◄	•	►				◄					•[15]					►
PROCEDURES-PATIENTS AT RISK																													
Lead Screening[16]							◄	•	•	*	*	•	*	*	*	*													
Tuberculin Test[17] (PPD)								•	•	*	*	*	◄	•	►	*	•	•	•	•	•	•	•	•	•	•	•	•	•
Cholesterol Screening[18]													*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
STD Screening[19]																			*	*	*	*	*	*	*	*	*	*	*
Pelvic Exam[20]																			*	*	*	*	*	*	*	*	◄	*	►
ANTICIPATORY GUIDANCE[21]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Injury Prevention[22]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Violence Prevention[23]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sleep Positioning Counseling[24]		•	•	•	•	•	•																						
Nutrition Counseling[25]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
DENTAL EVALUATION/REFERRAL[26]									◄	O	O	►	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

KEY: • = to be performed * = to be performed for patients at risk S = subjective, by history O = objective, by a standard testing methods

◄► = the range during which a service may be provided, with the dot indicating the preferred age. ◄O► 12m thru 24 m

†HealthCheck provides preventive care services from birth until the child's 21st birthday.

General Guidelines

1. Prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (1996).
2. Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged, and instruction offered as recommended in the AAP statement "Breastfeeding and the Use of Human Milk" (1997).
3. For newborns discharged in less than 48 hours after delivery refer to AAP statement "Hospital Stay for Healthy Term Newborn" (1995).
4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
5. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
6. If the patient is uncooperative, re-screen within 6 months.
7. All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing Loss: Detection and Intervention (1999).
8. By history and appropriate physical examinations: If suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
9. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
10. These may be modified, depending upon entry point into schedule and individual need.
11. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
12. Every visit should be an opportunity to update and complete a child's immunizations as per AAP (American Academy of Pediatrics) guidelines.
13. See AAP Pediatric Nutrition Handbook (1998) for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (premature infants and low birth weight infants). See also "Recommendations to Prevent and Control Iron Deficiency in the United States". MMWR. 1998; 47.
14. All menstruating adolescents should be screened annually.
15. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.
16. For children at risk of lead exposure refer to the District of Columbia "Childhood Lead Poisoning Screening and Reporting Emergency Act of 2002". After 26 months, blood lead level testing is required twice up to age 6, if not done previously. If family history cannot be ascertained and other risk factors are present, a lead blood level should be drawn.
17. TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of "Red Book; Report of the Committee on Infectious Diseases". Testing should be done upon recognition of high-risk factors.
18. Cholesterol screening for high-risk patients per AAP statement "Cholesterol in Childhood" (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
19. All sexually active patients should be screened for sexually transmitted diseases (STDs). Refer to STD practice guidelines.
20. All sexually active females should have a pelvic examination. A pelvic examination and routine Pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
21. Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP Guidelines for Health Supervision III (1998).
22. From birth to age 12, refer to the AAP injury prevention program (TIPP™) as described in A Guide to Safety Counseling in Office Practice (1994).
23. Violence prevention and management for all patients per AAP Statement "The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and the Community Level" (1999).
24. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement "Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position" (2000).
25. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP Handbook of Nutrition (1998).
26. Between 12 months and 24 months, one documented dental evaluation must be performed. Referrals to the dentist must begin at 3 years of age.

Updated 10/03

DENTAL SERVICES

You should visit a dentist at least twice a year. Through Medicaid, your dentist can clean your teeth two times per year, take x-rays to check for cavities or other potential problems with your teeth, fill cavities, extract teeth that need to come out, and make dentures if you need them. Not only will regular dental visits help keep your mouth healthy, regular dental visits can also decrease your chances of developing heart disease or having a stroke.

Please contact the Dental Hotline at **1-866-758-6807** to locate a participating dentist or for additional information on dental services.

MENTAL HEALTH SERVICES

A range of mental health services is available directly through DC Medicaid or through our partner agency, the DC Department of Mental Health. You can view our provider directory online at www.dc-medicaid.com.

Also, if you need services immediately, call the Access HelpLine at **1-888-793-4357** or **1-888-7WE-HELP** any time day or night for a referral. The HelpLine provides information regarding emergency services and ongoing community-based mental health services.

ALCOHOL AND SUBSTANCE ABUSE SERVICES

Problems with alcohol or other drugs are dangerous to your health and can be dangerous to the health of people around you. It is important to get help if you have substance abuse problems.

DC Medicaid partners with the Department of Health's Addiction Prevention and Recovery Administration (APRA) to provide substance abuse services. Call APRA directly at **(202) 727-8473**.

HOME AND COMMUNITY-BASED LONG TERM CARE SERVICES

Whenever possible, DC Medicaid wants to help members with disabilities to stay in their homes or communities, rather than go into a nursing home or other long term care facility. To help people do this, the Medicaid program pays for personal care in the home, home health services, and special "waiver" services, which are described below.

Personal care provides help with basic daily living activities in the home. A doctor must order these services. These services include such things as help with bathing and personal hygiene, dressing, preparing meals and eating, grocery shopping, doing laundry, exercising, and helping you get to and from doctor's appointments.

PERSONAL CARE AND HOME HEALTH SERVICES

Home health care services allow people to receive certain types of skilled care in their home. These services typically involve care performed by a nurse, physical therapist, or speech therapist. It could provide, for example, wound care, oxygen therapy, medication, or speech and physical therapy.

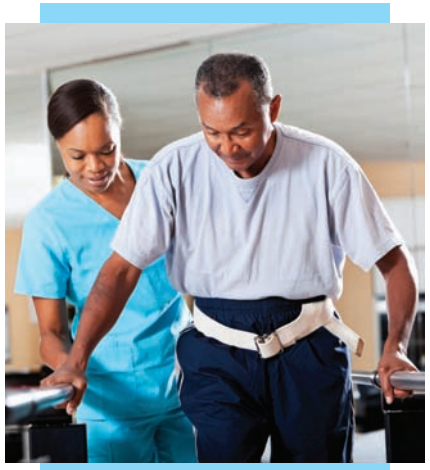
To access these services, contact the DC Aging and Disability Resource Center (ADRC) at **1-877-919-2372** or DHCF at **(202) 442-5972** or **(202) 442-5939**.

WAIVER PROGRAMS

There are two programs — called "waivers" — that provide support for people who would otherwise have to be served in a facility like a nursing home or an ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities (IID). The two waiver programs in DC are:

1. Elderly and Persons with Physical Disabilities (EPD) Waiver Program
2. Intellectual or Developmental Disabilities (IDD) Waiver Program

ELDERLY AND PERSONS WITH PHYSICAL DISABILITIES (EPD) WAIVER PROGRAM



The EPD Waiver Program provides a range of services to assist elders and individuals with physical disabilities to live in their homes and communities. This is provided in addition to other services offered through DC Medicaid.

Services offered in the EPD Waiver Program include:

- Case management
- Personal care aide services
- Homemaker services
- Chore aide services
- Respite services
- Personal emergency response system
- Environmental accessibility adaptations
- Assisted living

To be eligible for the EPD Waiver Program, you must meet the following criteria:

1. Be 65 years old or older or be an individual with a physical disability ages 18-64
2. Have an income of less than 300% SSI (about $24,000/year in 2012 for an individual)
3. Require assistance with activities of daily living and/or instrumental activities of daily living

A case manager will evaluate you to determine how much help you need with activities of daily living, such as eating, dressing, bathing, etc. and instrumental activities of daily living, such as meal preparation, light house-keeping, etc.

THE EPD WAIVER PROGRAM WAITING LIST FOR ENROLLMENT

The EPD Waiver program has a limit to the number of people it can serve and it has reached that limit. So, in August of 2011, DHCF began a waiting list for the EPD Waiver. Individuals placed on the Waiting List will be enrolled in the EPD Waiver program on a first-come / first-served basis. If you are interested in being placed on the Waiting List, you and/or your authorized representative must contact the EPD Waiver Unit at **(202) 442-9122**. Staff in the EPD Waiver Unit will take your name, contact information and/or that of your authorized representative, and send you a Waiting List Number and notification letter to inform you of your place on the Waiting List. All numbers are issued in order based on date/time of request. You and/or your authorized representative will be notified in writing when a slot becomes available and you will receive information on next steps to follow in the application process. Please note that there is no assurance or entitlement to enrollment in the EPD Waiver. Enrollment in the EPD Waiver is based on your eligibility for Medicaid and the waiver.

If you are currently receiving personal care aide (PCA) services under the Medicaid State Plan benefit, the EPD Waiver limit will not affect your ability to continue receiving PCA services for up to eight hours per day through DC's Medicaid State Plan.

If you are eligible for Medicaid and would like to inquire about receiving PCA services, or if you do not have Medicaid and would like to apply for Medicaid, please call the Aging and Disability Resource Center at **202-535-1444**.

You must inform DHCF if there is a change in your reported information i.e., phone number, address, or if you are no longer interested in the EPD Waiver Program.

INTELLECTUAL/ DEVELOPMENTAL DISABILITIES (IDD) WAIVER

The IDD Waiver provides a range of services for individuals with intellectual or developmental disabilities who want to live as independently as possible in their homes or communities. These services are provided, according to a person's need, in addition to other services offered by DC Medicaid.

Services include:

- Day Habilitation
- In-home supports
- Live-in caregiver
- Prevocational services
- Residential habilitation
- Respite
- Supported employment
- Personal care services
- Skilled nursing
- Behavioral supports
- Community support team
- Environmental accessibility adaptations
- Family training
- Host home
- Nutrition (evaluation/consultation)
- Occupational therapy
- One-time transitional services
- Personal emergency response system
- Physical therapy
- Professional services
- Speech, hearing and language services
- Supported living
- Vehicle modifications

INTELLECTUAL/ DEVELOPMENTAL DISABILITIES (IDD) WAIVER

To be eligible for the IID Waiver Program, you must:

1. Have been determined to need an ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities) level of care
2. Have chosen to live in the community instead of an institution
3. Have monthly income of $2,094 or less for an individual or $3,144 or less for a couple in 2012
4. Have assets, i.e., savings, of less than $4,000 for an individual and $6,000 for a couple

DC Medicaid partners with the Department on Disability Services (DDS) to provide and manage these services. To apply for the IDD Waiver, call DDS' Intake & Eligibility Office at **(202) 730-1745**.

PHARMACY

HOW MUCH SHOULD I BE CHARGED FOR MY PRESCRIPTION MEDICATIONS?

If your prescription is for a covered medication, your co-pay generally will be $1.00; however, beneficiaries who are under 21 years of age, who reside in a long-term care facility, or who are pregnant do not have a co-payment.

CAN I GET MY MEDICATION EARLY?

We encourage everyone to plan so that they have access to their medications. Early refills are covered when there is an increase in dosage, if you are going into or leaving a nursing home, and in other exceptional circumstances. You may receive up to a 30 day supply of covered medications at one time. If you run out of medication, contact your doctor and discuss adjusting your prescription to your current needs.

MY PHARMACY TOLD ME MY DIABETIC SUPPLIES ARE NOT COVERED. IS THAT TRUE?

There are certain diabetic supplies such as lancets and alcohol wipes that are a covered medical supply benefit and not a pharmacy benefit. Please ask your doctor to order these supplies using Form 719A. Your doctor can call **202-906-8319** if they require additional assistance in billing diabetic supplies. Several specific brands of blood glucose meters and test strips are available from the pharmacy with a prescription from your doctor. A list of these meters and test strips is available on www.dc.fhsc.com or by calling **(800) 272-9679**.

MY PHARMACY TOLD ME MY MEDICATION IS DENIED BECAUSE A PRIOR AUTHORIZATION WAS NEEDED. WHAT SHOULD I DO?

Some medications require your doctor to ask for prior authorization before a medication will be covered. An example would be a medication that is not on the Medicaid Preferred Drug List. Please ask your doctor to fax the request for a prior authorization for your medication to the Pharmacy Benefit Manager at **(866) 535-7622**. Once the prior authorization is submitted, it will take up to 24 hours to process. In certain cases, a temporary 3-day supply may be available to you. Please ask your pharmacist.

PHARMACY

CAN I GET A BRAND NAME MEDICATION WHEN A GENERIC VERSION OF THE MEDICINE IS AVAILABLE?

Through scientific testing, the United States Food and Drug Administration (FDA) ensures that generic drugs are safe and effective, contain the same active ingredients and work the same way as brand name drugs. DC Medicaid will pay for a brand name drug if a generic is not available, or if your doctor considers the name brand to be medically necessary. In cases where your doctor would like you to have the brand name when a generic is available, he/she will need a prior authorization from DC Medicaid for the prescription to be covered.

ARE OVER-THE-COUNTER (OTC) MEDICATIONS COVERED?

Some OTC medications (such as aspirin, acetaminophen, ibuprofen), are covered by DC Medicaid but will require that your doctor write a prescription for them. Like other prescriptions, the co-pay is $1.00.

I AM COVERED BY MEDICARE AND MEDICAID. WHY IS MEDICAID NOT PAYING FOR MY PRESCRIPTIONS?

If you are covered by both Medicaid and Medicare, Medicare Part D will cover most of your prescriptions. DC Medicaid will only pay for a few medications that are excluded from Medicare. If you need assistance to find and enroll in a Part D plan, please call MEDICARE at **1-800-633-4227** or The George Washington Health Insurance Counseling Project at **202-994-6272** for free assistance.

FAMILY PLANNING

You can get birth control and other family planning services from any provider you select. You do not need a referral to get these services. If you choose an obstetrician/gynecologist (OB/GYN) doctor other than your primary care physician (PCP), tell your PCP. It will help your PCP take better care of you.

Family planning services include:

- Pregnancy testing
- Counseling for women and couples
- Routine and emergency contraception
- Immunizations
- Screening for all sexually transmitted infections
- Treatment for all sexually transmitted infections
- Sterilization procedures if age 22 or older (requires you to sign a form 30 days before the procedure)
- HIV/AIDS testing and counseling
- Prenatal and postpartum care

If you become pregnant, visit your PCP or OB/GYN as soon as possible. Early visits to your doctor will help you and your baby be healthy. You should also update the ESA Change Center at **(202) 724-5506** with this information.

If you are receiving SSI and are 25 years old or younger, you should consider enrolling in Health Services for Children with Special Needs (HSCSN), the DC Medicaid health plan for children and young adults with special health care needs. Through HSCSN, you will have your own care manager who will help you get the health care you need. When you have your baby, you will have the option of keeping your baby in either HSCSN or Fee-for-Service, or enrolling the child in one of the other health care plans (Chartered Health Plan or United Healthcare Community Plan).

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

SERVICES FOR CHILDREN WITH DEVELOPMENTAL DELAYS

Children grow and develop quickly when they are young. They learn to smile, roll over, and talk at different ages. But if you think that your child might be delayed in one or more areas, he or she should be checked to see if there are services that can help them.

The District is required by law (the Individuals with Disabilities Education Act) to identify all children with disabilities and help them to get the supportive services they need. If you think your child might have a delay, there are several ways to get help:

- Talk to your child's doctor about your concerns. He or she can help you get the right kinds of tests.
- For children age 2 years and younger, contact the DC Early Intervention Strong Start information line at **(202) 727-3665**. They will provide coordination services to make sure your child gets the appropriate tests and follow up services. If you are in a health plan, please let them know you are receiving these services.
- For children age 3 years and older, contact the DC Early Stages Center run by the DC Public Schools at **(202) 698-8037**. They will provide case coordination services to make sure your child gets the right tests and follow up services. If you are in a health plan, let them know you are receiving these services.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

HEALTH CARE FOR CHILDREN RECEIVING SUPPLEMENTAL SECURITY INCOME (SSI)

A health plan called Health Services for Children with Special Needs (HSCSN), sometimes called "The Net," is available to children and young adults who are 25 years old or younger and have SSI. HSCSN offers care management services like 24-hour access to care coordination, individualized case management, respite care, and medically necessary home modifications. In limited circumstances, this is available to non-SSI youth who have been determined to need these services.

If you think you or your child might be eligible, contact HSCSN at **(202) 467-2737**. A representative will talk to you about the health plan and how to enroll.

CHILDREN IN FOSTER CARE

Children in the care and custody of the DC Child and Family Services Agency (CFSA) have access to nurse care managers who can help them navigate the health care system. Contact your child's CFSA Social Worker for additional information. The number for CFSA is **(202) 442-6100**.

DURABLE MEDICAL EQUIPMENT (DME), AND PROSTHETICS, ORTHOTICS, AND MEDICAL SUPPLIES

As a DC Medicaid beneficiary you can get wheelchairs, hospital beds, crutches, and other items known as durable medical equipment (DME), and medical supplies such as wound care and ostomy supplies.

You also have a benefit of prosthetics such as artificial arms, legs, eyes, etc. and orthotics.

If you have diabetes, your alcohol wipes and lancets are covered under the DME benefit — not a pharmacy benefit. See Pharmacy Section on page 25 for more information.

Some DME services require prior authorization before they can be delivered to you. Please check with your doctor or DME supplier for more information and to obtain an authorization.

HOW TO GET HEALTH CARE SERVICES

FINDING A PROVIDER

You can find a health care provider in different ways:

- If you already have a doctor you regularly see, ask him or her if they are enrolled in DC Medicaid. If not, ask them if they would consider joining so you can keep seeing them.
- A DC Medicaid provider directory is on the Internet at www.dc-medicaid.com. On the left-hand side of the page, click on "Search for Provider." You can look up providers by specialty.
- Call the Health Care Operations Administration at **(202) 698-2000** and someone will help you find one.

WHAT IF I GO TO A NON-MEDICAID PROVIDER?

DC Medicaid will pay for the care you get when you go to one of our doctors or other health care providers. If you go to a provider who is not enrolled in DC Medicaid, you will have to pay for the service. There are rare exceptions to this; for example, if you are out of town and have a health care emergency, your services will be covered even though the doctor is not enrolled in DC Medicaid.

DO I NEED TO PICK A PRIMARY CARE PROVIDER?

We strongly recommend that everyone select a primary care provider, but it is not required. Having one doctor who knows your overall health history and situation helps make sure you get the services you need.

If you need help finding a primary care provider, call **(202) 698-2000** or look at our provider directory online at www.dc-medicaid.com.

DO I NEED A REFERRAL?

You do not need a referral to see a health care provider, even for a specialist. Sometimes services and tests require prior authorization, but that will be done by your health care provider.

WHAT IF I DON'T SPEAK ENGLISH VERY WELL – LANGUAGE SERVICES

You have the right to an interpreter if you do not speak English very well or if you are deaf or hearing impaired.

When you call to schedule an appointment with your primary care provider or specialist, tell the provider's office that you need an interpreter for your appointment. The provider's office should request an interpreter for you or make sure an interpreter is available over the telephone during your appointment. You will not be charged for this service.

If you ask for an interpreter and do not get one, please contact the Office of the Health Care Ombudsman and Bill of Rights at **1-877-685-6391**.

TRANSPORTATION SERVICES

NON-EMERGENCY TRANSPORTATION

Medicaid will provide non-emergency transportation services or pay for public transportation for Medicaid eligible beneficiaries who have appointments with Medicaid providers. You must contact DC Medicaid's transportation broker at **1-866-796-0601** or **(202) 263-4640** (DC Office) 72 hours in advance of your scheduled appointment to arrange transportation to your medical appointment.

If you have a complaint about your transportation services, call the Department of Health Care Finance at **(202) 442-5988** or the Office of the Health Care Ombudsman and Bill of Rights at **1-877-685-6391**.

EMERGENCY TRANSPORTATION

If you are having a health care emergency and can't get to the hospital quickly or safely, call 911 for an ambulance.

WHAT IF I NEED PRIOR AUTHORIZATION TO GET A SERVICE?

Some Medicaid services are not needed by everyone. When these services are very expensive or could cause harm to people who don't need them, the service must be "prior authorized" by the Department of Health Care Finance (DHCF) or an organization that DHCF uses to perform prior authorizations. The Medicaid services that must be prior authorized as of 2012 are listed in Appendix E.

APPOINTMENT SCHEDULING ASSISTANCE

If you need help scheduling an appointment, contact the Office of the Health Care Ombudsman and Bill of Rights at **1-877-685-6391**.

PROBLEM SOLVING

DEPARTMENT OF HEALTH CARE FINANCE

If you have a problem with a Medicaid service or Medicaid provider, please call the Department of Health Care Finance at **202-442-5988**. The person at this number will direct you to the correct DC Medicaid agency staff person. If the DC Medicaid agency does not fix your problem in a way that is satisfactory, you can always call the DC Office of the Health Care Ombudsman and Bill of Rights as below.

OFFICE OF THE HEALTH CARE OMBUDSMAN AND BILL OF RIGHTS

An "Ombudsman" is an individual who looks into problems and makes recommendations for solutions.

The District of Columbia's Office of the Health Care Ombudsman and Bill of Rights is here to:

- Inform you and help you to understand your health care rights and responsibilities;
- Help you resolve problems with health care coverage, access to health care, and issues regarding health care bills;
- Advocate on your behalf until your health care needs are addressed;
- Guide you towards the appropriate private and government agencies when needed;
- Help you through an appeals processes;
- Track health care problems and report patterns in order to find systemic solutions.

The Office of the Health Care Ombudsman is an important resource for all District of Columbia residents, including people on Medicaid. It has friendly and supportive staff that are eager to help you get the health care you need. The phone number is **1-877-685-6391.**

WHAT IF I GET A BILL OR OUT-OF-POCKET EXPENSE FOR A MEDICAID SERVICE?

If you are on Medicaid, you should not receive a bill for the care you have been given. Remember to always take your Medicaid ID card to all health care appointments. If you do get a bill for medical care while you have Medicaid, contact the provider and remind them that they must bill Medicaid for the services they provided you.

PROBLEM SOLVING

WHAT IF I ALREADY HAVE BILLS FROM BEFORE I HAD MEDICAID?

If you have already paid, or are currently paying, a bill for services you received up to 3 months before you applied for Medicaid, Medicaid may be able to pay you back or pay the provider of service. Contact the Health Care Operations Administration, the Office of the Health Care Ombudsman and Bill of Rights, or go to https://www.dc-medicaid.com/dcwebportal/nonsecure/recipientForms to download a Medicaid Reimbursement Form (available in English and six other languages). See Appendix B.

WHAT IF I AM A QMB AND GET A BILL?

If you are a QMB and receive a bill from a provider, contact the Office of the Health Care Ombudsman and Bill of Rights at **1-877-685-6391**.

WHAT IF I'M OUT OF TOWN AND NEED HEALTH CARE SERVICES?

If you are traveling out of town and have a health care emergency, you can see a doctor outside of the Medicaid network. Tell the doctor that they should submit a service claim to:

Department of Health Care Finance
Division of Public and Private Provider Services
609 H Street, NE
2nd Floor
Washington, DC 20002
(202) 698-2000

The claim and cover letter should include: your name and date of birth, Medicaid ID, procedure code, diagnosis code, date(s) of service, and nature of the visit.

PROBLEM SOLVING

WHAT IF I HAVE AN EMERGENCY?

If you have a medical emergency and need to go to the hospital, Call 911, and an ambulance will take you to the nearest hospital.

WHAT IF I NEED A SECOND OPINION?

If you want a different point of view on a diagnosis or recommended treatment, you may get a second opinion. It is important to tell your new doctor what kind of care and tests you have already received.

WHAT IF A SERVICE HAS BEEN DENIED, REDUCED OR TERMINATED AND YOU DISAGREE WITH IT?

If a service has been denied, reduced or terminated, and you disagree with it, you have the right to request a "fair hearing," which is an opportunity to have a formal review of your complaint.

You may request a fair hearing if:

- Your request for Medicaid eligibility is denied or not acted upon promptly;
- Your Medicaid eligibility is terminated or suspended; or
- You believe your request for a service has been wrongfully denied, reduced, or not acted upon promptly.

To request a hearing, visit, write, or call the:

Office of the Health Care Ombudsman and Bill of Rights
899 North Capitol St., NE, 6th Floor
Washington, DC 20002
Phone: (877) 685-6391
Fax: (202) 535-1216

or

PROBLEM SOLVING

Office of Administrative Hearings
441 4th Street, NW
Washington, DC 20001
(202) 442-9094
http://oah.dc.gov

The Office of Administrative Hearings (OAH) will send you a letter with your hearing date and any other relevant information. The letter should include a list of free legal services programs. You or your representative will have the chance to argue your case before a judge. You may bring a friend, relative, advocate or lawyer who is not an employee of the District of Columbia government to assist you at your fair hearing.

OTHER IMPORTANT INFORMATION

ADVANCE DIRECTIVES

An advance directive, also known as a "living will," is a legal document that gives instructions regarding what health care you want in case you are so sick that you cannot speak for yourself. It lets you decide what kind of care you want in different situations and it assigns someone you know to act for you if you can't talk. You can cancel an advance directive at any time.

Developing an advance directive is responsible; it makes your wishes clear to your family, friends, and health care professionals, and avoids confusion later on.

For assistance in developing an advance directive, one resource is the Neighborhood Legal Services Program. Call **(202) 269-5100** or visit their website at: www.nlsp.org. An advance directive is a legal document and needs to be signed by witnesses to make certain that your wishes are accurately spelled out.

If you do develop an advance directive, give it to your doctor so it is a part of your medical record.

KEEPING AWAY FROM MEDICAID FRAUD

Fraud is a big problem in all kinds of health care including Medicaid. Fraud means saying, doing, or writing something that is not true, so that someone can get something they aren't supposed to have. Fraud might be done by someone receiving Medicaid services or by a health care provider.

For example, fraud happens when a doctor or other health care provider:

- Sends a bill to the Medicaid program for a service they didn't really give to a patient;
- Sends a bill to the Medicaid program for a service that is different from the one they gave the patient so they can get more money; or
- Gives a service the patient didn't really need so they can bill the Medicaid program for it.

KEEPING AWAY FROM MEDICAID FRAUD

Sometimes people who have Medicaid can get mixed up in fraud too. This can happen when someone who has Medicaid:

- Allows someone else to use their Medicaid card or Medicaid number;
- Gets Medicaid coverage by not telling the full truth about things, like where they live or how much money they have; or
- Pretends to need a service so that a health care provider can send a bill to Medicaid and get money.

Sometimes people even offer money to people on Medicaid so they can use their Medicaid number. TAKING THIS MONEY IS ILLEGAL AND CAN GET A MEDICAID BENEFICIARY INTO TROUBLE.

Fraud hurts many other people, too. When the Medicaid program pays for things that are not really needed, it doesn't have the money to pay for care that people really do need. Doctors, dentists, or health care aides don't get paid what they deserve because people who do fraud are taking away money that the Medicaid program could use to pay providers better. And, while Medicaid fraud may seem like a "victimless crime" — it is a crime — people who commit Medicaid fraud are stealing from the Medicaid program and the people who depend on it.

If you think you know about something that might be Medicaid fraud, please report it to the District of Columbia Medicaid Fraud Hotline: **1-877-632-2873**.

The person you help might be yourself!

GLOSSARY

ADL: Activities of Daily Living, like eating, dressing, bathing, grooming, getting out of bed and moving and going to the bathroom

Advance Directive: A written, legal paper that lets others know what care you want or don't want, if you are very sick or hurt and cannot speak for yourself

APRA: Addiction Prevention Recovery Administration; the DC Government agency within the Department of Health that provides alcohol and substance abuse services

CFSA: Child and Family Services Agency; the DC Government agency that serves children in foster care

Co-payment: Your share of costs for a health care service

DHCF: Department of Health Care Finance, the single state agency responsible for the administration of the Medicaid program

DME: Durable Medical Equipment; health care supplies such as wheelchairs, walkers, etc. that a person can use more than once

DMH: Department of Mental Health

DYRS: Department of Youth Rehabilitation Services

Early Intervention: DC's Early Intervention Program Strong Start promotes the growth and development of infants and toddlers who have a developmental disability or delays in one or more areas. Developmental disabilities or delays can affect a child's speech, physical ability, or social skills. Children referred to the Early Intervention Program receive a comprehensive developmental evaluation to determine if they are eligible. One of the goals of Early Intervention is to provide support to families so their children can develop to their fullest potential. Services are provided in places where children usually play or take part in daily activities.

GLOSSARY

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, a mandatory Medicaid benefit, available to all Medicaid children, from birth to age 21, to receive preventive and routine health care as well as medically necessary specialized care or treatment services. The goal of EPSDT is to identify and treat health conditions early to promote normal growth and development.

EPD Waiver: Elderly and Individuals with Physical Disabilities Waiver Program

ESA: Economic Security Administration (ESA) formerly the Income Maintenance Administration (IMA); the DC Government agency within the Department of Human Services responsible for determining eligibility for DC Medicaid (see also IMA)

Fair Hearing: A formal review of a complaint by a neutral administrative law judge

HealthCheck: DC's EPSDT benefit for children from birth to 21; it emphasizes preventive primary health care and treating problems early (See EPSDT)

HIPAA: Health Insurance Portability and Accountability Act, the law that protects the privacy of your health information

HSCSN: Health Services for Children with Special Needs; a health plan for children and young adults with SSI or determined to be medically fragile

ICF/IDD: Intermediate Care Facilities for Persons with Intellectual and Developmental Disabilities

IDD: Intellectual and Developmental Disabilities

IDEA: Individuals with Disabilities Education Act, a federal law that outlines how state and local governments provide early intervention and special education services to children with disabilities

GLOSSARY

IMA: Income Maintenance Administration; the DC Government agency within the Department of Human Services that was responsible for determining eligibility for DC Medicaid and the DC HealthCare Alliance. This agency is now called Economic Security Administration (See also ESA)

Medicaid: A federal and state-funded health insurance program for low-income individuals, children, families, the elderly, and people with disabilities

Ombudsman: An individual who looks into problems and makes recommendations for solutions; see page 34for specific information on the District's Office of the Health Care Ombudsman and Bill of Rights

Patient Pay Amount: Amount owed by the DC Medicaid Beneficiary from his/her income to a nursing facility for long-term care

PCP: Primary Care Provider

Pediatrician: A doctor who specializes in the care of children.

QMB: Qualified Medicare Beneficiary. The DC Medicaid program pays for Medicare premiums, deductibles, and co-insurance for Medicare covered services for QMBs. It does not give the QMB access to Medicaid benefits. See Appendix A for additional information.

Specialist or Specialty Provider: A doctor who focuses on a specific kind of medicine or part of the body

SSI: Supplemental Security Income

If you have any comments or recommendations regarding the content of this handbook, please call the Department of Health Care Finance at 202-442-5988.

APPENDIX A: INFORMATION FOR QUALIFIED MEDICARE BENEFICIARIES (QMBs)

WHAT IS A QUALIFIED MEDICARE BENEFICIARY (QMB)?

A Qualified Medicare Beneficiary is a person who is enrolled in Medicare, but Medicaid helps pay for the costs. This means that you have Medicare, but Medicaid will pay for your Medicare premiums, co-payments, deductibles, etc. These are usually people who have income too high for Medicaid, but need some extra help paying the bills. The income limit for a single person household in 2012 is $32,490. Your assets/savings will not be subject to estate recovery. If you think you or someone you know might be eligible, contact ESA to apply at **(202) 698-3900**.


The Government of the
District of Columbia
Department of Health Care Finance

Qualified Medicare Beneficiary (QMB)

Name:

DC ID Number:

With this card, you are entitled to have Department of Health Care Finance pay for your MEDICARE Part A and B premiums, deductibles, and co-insurance for all Medicare-covered services.

Show this card to your health care provider whenever you show your Medicare card.

It is against the law for this card to be used by or for anyone except the person whose name is printed on the front of the card.

Should you have any questions regarding the QMB benefit including pharmacy, please call GW Counseling Center on (202) 739-0668, the Health Care Ombudsman on 1-877-685-6391 or MEDICARE on 1-800-633-4227. Providers please call (202) 698-2000 for any questions you may have regarding billing or eligibility.

If you have a card that looks like the one included here, you are enrolled in the District of Columbia's Medicare Savings Program as a "Qualified Medicare Beneficiary" or "QMB."

Having this benefit means that DC Medicaid will pay for your Medicare premiums, deductibles, and co-insurance for Medicare covered services. It also means that you will receive extra help with your costs under the Medicare prescription drug benefit (Part D), which will limit the amount you pay for your prescriptions to only a few dollars each.

APPENDIX A: INFORMATION FOR QUALIFIED MEDICARE BENEFICIARIES (QMBs)

When you get health services, remember to always show your QMB card whenever you show your Medicare card. This card is proof of your QMB status and means that your health care provider cannot bill you for Medicare co-pays or deductibles.

Even though DC Medicaid will pay for your Medicare costs, it does not mean that you are entitled to DC Medicaid benefits. The DC Medicaid program will assist you in paying for services covered under Medicare; but not for Medicaid services.

If you lose your card, please call the District's Office of the Health Care Ombudsman and Bill of Rights at **1-877-685-6391**. If you change your address, please notify the Economic Security Administration (ESA) (formerly the Income Maintenance Administration (IMA)) as soon as possible at **(202) 724-5506**.

If you have any questions about this program, or need help enrolling in the Medicare Drug Benefit, you may call the George Washington Law School Health Insurance Counseling Project at **(202) 994-6272** or the Office of the Health Care Ombudsman and Bill of Rights at **1-877-685-6391**.

APPENDIX B: OUT-OF-POCKET REIMBURSEMENT FORMS

Forms are available on https://www.dc-medicaid.com/dcwebportal/nonsecure/recipientForms. They look like this:

MEDICAID REIMBURSEMENT REQUEST FORM | **Today's date**

DIRECTIONS: Complete and return, with receipts, within 6 months after you went to the clinic, doctor, hospital, or pharmacy – or 6 months of the date you learned you were eligible for Medicaid -- to:

Recipients Claims Research Team
DC Department of Health Care Finance
609 H Street N.E.
2nd Floor
Washington, DC 20002

Please give as much information as you can. Attach copies of your receipts. If you don't have a receipt, attach a signed and dated letter that explains why you don't have it. If you're asking for reimbursement of expenses from more than 1 provider (like a doctor *and* a pharmacy), please use separate lines for each.

Your Name	Mailing address	Your phone numbers
		Day
Social Security Number of Medicaid Recipient		Evening
		Cell
Birth Date of Medicaid Recipient	Name & Medicaid ID # of Recipient Requesting Reimbursement	

SUMMARY OF INFORMATION ON ATTACHMENTS

For each expense (drug prescription, doctor visit or hospitalization), give this information*

Date (or estimated date) of expense	Name and address of pharmacy, clinic, doctor or hospital	How much you paid	How much you still owe	How much any other insurance paid	How much you want Medicaid to reimburse

*Attach a copies of any letters or bills from the pharmacy, clinic, doctor or hospital; or letters from credit collection companies about the bill.

I swear and declare, under penalty of perjury, that the statements I made on this paper and on any attached papers are true and correct.

Signature

APPENDIX C: ADDITIONAL RESOURCES AND CONTACT INFORMATION

Adult Protective Services
Hotline: (202) 541-3950
645 H Street, NE
Washington, DC 20002
http://dhs.dc.gov

Office of Health Care Ombudsman and Bill of Rights
Phone: (877) 685-6391
899 N. Capitol Street, NE, 6th Floor
Washington, DC 20002
http://healthcareombudsman@dc.gov

DC Department of Mental Health (DMH)
Access HelpLine: (888) 793-4357
Child and Adolescent Mobile Crisis Services (CHAMPS): (202) 481-1450
64 New York Avenue, NE, 4th Floor
Washington, DC 20002
http://dmh.dc.gov

Addiction Prevention and Recovery Administration (APRA)
Assessment and Referral Center, Hours of Operation 7am-6pm
Phone: (202) 727-8473
70 N Street, NE
Washington, DC 20002
http://doh.dc.gov

APPENDIX C: ADDITIONAL RESOURCES AND CONTACT INFORMATION

DC Department of Disability Services
Phone: (202) 730-1700
1125 15th Street, NW
Washington, DC 20005
dds@dc.gov

Aging and Disability Resource Center
Phone: (202) 724-5626 and (877) 919-2372 TTY: (202) 724-8925
1134 11th Street, NW
Washington, DC 20001
www.adrc.dc.gov

Social Security Administration
(800) 772-1213
http://www.ssa.gov

APPENDIX D: LOCATIONS OF ESA SERVICE CENTERS

ESA Service Centers (formerly known as IMA)
Service Centers hours are 8:15 am to 4:45 pm on Monday, Tuesday, Thursday and Friday, and 8:15 am to 7 pm on Wednesday. You may call ESA's Customer Service on **(202) 727-5355**.

The Eckington Service Center and the Northeast Service Centers have merged with other centers. A notice was sent to all customers attending both centers. If you have a question about the center servicing your address, please call **(202) 698-3900**.

Anacostia
2100 Martin Luther King Avenue, SE
(202) 645-4614 (Phone)
(202) 727-3527 (Fax)

Congress Heights
4001 South Capitol Street, SW
(202) 645-4546 (Phone)
(202) 654-4524 (Fax)

Fort Davis
3851 Alabama Avenue, SE
(202) 645-4500 (Phone)
(202) 645-6205 (Fax)

H Street*
645 H Street, NE
(202) 698-4350 (Phone)
(202) 724-8964 (Fax)

Taylor Street
1207 Taylor Street, NW
(202) 576-8000 (Phone)
(202) 576-8740 (Fax)

* Interim Disability Assistance applications are accepted at the H Street Service Center located at 645 H Street NE.

For additional information, see: http://dhs.dc.gov/dhs/cwp/view,a,3,q,492404.asp

APPENDIX E: MEDICALLY NECESSARY MEDICAID SERVICES THAT REQUIRE "PRIOR AUTHORIZATION" AND HOW TO GET THEM

Service	Who to contact for Prior Authorizations	Delmarva	DHCF/ Medicaid	Other
Botox Injections (non-cosmetic)	Delmarva Foundation Prior Authorization Unit: 202-496-6541 Fax number: 1-866-279-2011	X		
Plastic, reconstructive surgery (limited coverage)	Delmarva Foundation Prior Authorization Unit: 202-496-6541 Fax number: 1-866-279-2011	X		
Dental Procedures	Delmarva Foundation Dental Coordinator: 202-496-6549 or 202-496-6541 Fax number: 1-866-906-3293	X		
Durable Medical Equipment	Delmarva Foundation DME Coordinator: 1-800-638-6415 Fax number: 1-866-906-3292	X		
Hearing Aids (for Adults)	Delmarva Foundation Prior Authorization Unit: 202-496-6541 Fax number: 1-866-360-3291	X		
Home Infusion (Enteral – DME, supplies, and nutritional fluids)	Delmarva Foundation DME Coordinator: 1-800-638-6415 or 202-496-6541 Fax number: 1-866-906-3292	X		
Home Infusion (Parenteral; i.e. IV (Intravenous) infusions) **(including DME, supplies, and intravenous fluids)**	Department of Health Care Finance Health Care Delivery Management Administration Pharmacy Management Branch: Phone: 202-442-5952 FAX: 202-535-1215		X	

APPENDIX E: MEDICALLY NECESSARY MEDICAID SERVICES THAT REQUIRE "PRIOR AUTHORIZATION" AND HOW TO GET THEM

Home and Community Based Waiver Services for Persons with Intellectual Disabilities / Developmental Disabilities	DC Department on Disability Services Developmental Disabilities Administration Medicaid Waiver Office 202-730-1558 Fax number: 202-730-1804			X
Home and Community Based Waiver Services for Elderly Persons with Disabilities	Delmarva Foundation Long Term Care Unit: 202-496-6541	X		
Skilled Home Health Services (non waiver) - Skilled Nursing	DHCF Division of Long-Term Care 202-442-5912		X	
Injections Administered in a Physician's office ("J codes")	DHCF Pharmacy Management Branch: Phone: 202-442-5952 FAX: 202-535-1215		X	
Inpatient Hospital Admissions	Delmarva Foundation Prior Authorization Unit: 202-496-6541 Fax number: 1-866-279-2424	X		
Long Term Acute Care Facility Admissions	Delmarva Foundation Prior Authorization Unit: 202-496-6541 Fax number: 1-866-279-2011	X		
Medications dispensed by a pharmacy	ACS Help Desk 1-800-273-4962			X
Nursing facility admissions including ones out-of-DC-area Level of Care	Delmarva Foundation Prior Authorization Unit: 202-496-6541			
Orthotics and Prosthetics	Delmarva Foundation DME Coordinator:1-800-638-6415 or 202-496-6541 Fax number: 1-866-906-3292	X		
Optical Services	Delmarva Foundation Prior Authorization Unit: 202-496-6541 Fax number: 1-866-360-3291	X		

APPENDIX E: MEDICALLY NECESSARY MEDICAID SERVICES THAT REQUIRE "PRIOR AUTHORIZATION" AND HOW TO GET THEM

Organs Transplants (when covered; e.g., heart, kidney, liver, allogeneic bone marrow)	DHCF Medical Director 202-442-9077 Fax number: 202-535-1215		X	
Outpatient Procedures / Surgeries	Delmarva Foundation Prior Authorization Unit: 202-496-6541 Fax: 1-866-279-2011	X		
Pain Management Procedures (Inpatient)	Delmarva Foundation Prior Authorization Unit: Fax number: 1-866-279-2011	X		
Pediatric Specialty Hospital Admissions (i.e., Cumberland and Kennedy Krieger Hospitals)	DHCF Medical Director 202-442-9077 Fax number: 202-535-1215		X	
Personal Care Aide Services (non waiver)	Delmarva Foundation Prior Authorization Unit: 202-496-6541	X		
PET Scans	Delmarva Foundation Prior Authorization Unit: 202-496-6541 Fax number: 1-866-279-2011	X		
Psychiatric Residential Treatment Facility (PRTF) Services (beneficiaries age 0-21)	DHCF / Medicaid: Division of Children's Health Services 202-299-2118		X	
Sleep Studies	Delmarva Foundation Prior Authorization Unit: 202-496-6541 Fax number: 1-866-279-2011	X		
Surgical procedures (Some require prior authorization, including: gastric bypass surgery, mammoplasty)	Delmarva Foundation Prior Authorization Unit: 202-496-6541 Fax number: 1-866-279-2011	X		

D.C. Department of Health Care Finance
899 North Capitol Street, NE
6th Floor
Washington, DC 20002

(202) 442-5988

TTY (Mayor's Call Line): 311
Website: http://dhcf.dc.gov